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Congenital Cyst of Left Loin: Operation: Recovery.

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CONGENITAL CYST OF LEFT LOIN. OPERATION: RECOVERY.

S. M., aged 28, unmarried, was sent to me from Ottawa, on the 14th Dec., 1886, by my friend Dr. H. Beaumont Small, with the following history:—She had always had a large abdomen: her mother asserts that this was the case from infancy, but until a week previous to my first seeing her, her health had been perfect and she had always been fit for her duties as a domestic servant. The abdominal enlargement had been so marked, increasing of late, that she had often been suspected to be pregnant. Of this there was not the slightest evidence in the abdomen or genitals. Six months ago she came from England, and had been constantly at work in Ottawa as a chambermaid, till about the 8th of December, when she was suddenly seized with severe abdominal pain, rapidly increasing enlargement, chills and fever, perspirations, vomiting and loss of appetite. These symptoms had lasted for a week. When she appeared in my office she looked pale and thin, appeared to be very ill, and complained of lancinating pain in the left hypochondriac and lumbar regions; temp. 101½°, pulse 100; the

the tongue furred and dry. On examining the abdomen, it was found to be distended on the left side from the margins of the lower ribs down to near the pubic bone, by a tense, elastic and very sensitive tumor which extended some distance to the right of the median line. It clearly extended backwards to the loin, where the elastic fluctuation could be distinctly felt when the tumor was manipulated. Dulness on percussion existed in an area corresponding to the most prominent portion of the tumor, and also in the loin and most of the lateral areas, but resonant bowel note was most distinct in some portions.

Hymen ruptured; uterus retroflexed with a tender mass beneath it, felt through the posterior *cul de sac* of the vagina. No part of the elastic abdominal tumor could be felt by vaginal examination. Urine healthy, no bladder symptoms now or at any previous time. Menstruation always regular. The last period, two weeks ago; had ceased previous to the advent of the present symptoms. On the evening of the 15th the temperature rose to 104°; but on the following evening it was only 100°. The diagnosis being obscure, and the condition grave and demanding prompt action, I decided to do an exploratory abdominal operation, and deal as might seem best with whatever might be found.

Operation on the 17th of December, Dr. Jas. Bell assisting; Drs. Roddick and Ross also being present. Median incision of $1\frac{1}{2}$ inches

from umbilicus downwards. On getting through the peritoneum, and raising the non-adherent omentum, the transverse and descending colon and meso-colon were found projected forwards by what was now clearly seen to be a retro-peritoneal collection of fluid. It was, however, at once obvious that it could not be advantageously dealt with through the median incision, which was at once closed. To make sure of the nature of the contents, a fine aspirator needle was now passed into the tumor from the loin behind. A dark brown fluid containing numerous iridescent crystals at once appeared.

I next made an incision 1½ inches long over the most prominent part of the enlargement, on a level with, and three inches to the left of, the umbilicus. On exposing the tumor, a long curved trocar was plunged into it, and 70 ounces of fluid withdrawn. The trocar opening was enlarged sufficiently to admit the finger. Its edges were stitched to the edges of the abdominal wound, and a glass drainage-tube inserted to the bottom of the cyst. The fluid, on standing, deposited a thick greyish-white sediment, which the microscope shewed to be pus, with cholestearine crystals. The subsequent course of the case was toward recovery, absolutely without interruption. All pain and fever disappeared from the moment of the operation. The cavity rapidly shrank and secreted only a little thin purulent fluid, which was removed through the tube by a Lawson Tait's

sucker. The glass tube was replaced in a few days by one of rubber, which was gradually shortened as the cavity contracted, and was still kept in the opening when the patient was discharged from hospital on the 14th January, 1887, twenty-eight days after the date of operation. The history and clinical characters of the dense thick-walled cyst and its contents leave, I think, no room for doubt that it was congenital; while the sudden onset of the acute symptoms can be explained only by the advent of inflammation and suppuration. Such cysts are, without doubt, very rare. The point of origin of the cyst was clearly in the neighborhood of the kidney; but there were no evidences of involvement of that organ. There was no history of any injury which might have explained the sudden onset of the acute symptoms. The interior of the cyst, as felt with the finger, was uniformly smooth.

The treatment, so far as the site of election for opening and drainage of the cyst is concerned, is doubtless open to criticism, inasmuch as it involved opening the peritoneal cavity. The opening could have been made by the loin without involving that cavity. I am convinced, however, that the objectors will be found among surgeons with little experience in abdominal surgery, and who are still imbued with the traditional dread, now so fast disappearing, of wounding the peritoneum. As I write, February 7th, the patient is quite well, and a week ago took a situation as housemaid.